

Burrell Behavioral Health
Columbia IMPART Team
Columbia TAY-BH/DD
Team
Sedalia TAY Team
Springfield Adult Team
Springfield TAY Team
Springfield IMPART Team

BJC
St. Louis TAY Team

Compass Health
Nevada Adult Team
Raymore TAY Team
St. Charles TAY Team
Jefferson City TAY Team
Clinton W&C Team
Union W&C Team

Family Guidance
Center
St. Joseph Adult Team

Ozark Center
Joplin Recovery Up Adult
Team
Joplin TAY Team

Places for People
St. Louis Adult teams:
ACT 1 Team
Home Team
IMPACT Team
FACT Team

Preferred Family
Healthcare
Hannibal TAY-ITCD Team

St. Patrick Center
St. Louis Adult Team

Hopewell
St. Louis TAY Team

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Assertive Community Treatment



MO ACT NEWSLETTER

SUMMER 2021

Hello from DMH by Lori Norval

The one constant thing in life is change!

As care providers, we learn quickly that change is part of our everyday routine—and funny to consider trying to develop a “routine” when things keep changing. Yet it happens. This last year has continued to bring on change “hot and heavy” for us. One of those areas of change has been turnover of staff both DMH and for you all in the evidence based teams. Change can be good if we chose to look at it as such. Change is an opportunity for good things to happen. Often, when we dread change, we create an attitude of negativity and then we can become blinded to the good parts of change. If we are to set examples for our clients as good providers :) we learn to work through our thoughts and beliefs about changes we experience and we can model for them how to take on change, work through the uncomfortable parts and make it a good thing in the long run.

Change has permeated our lives here at DMH as well. However, I want to share an exciting and great opportunity we have among our DMH fidelity team (family). Bobbi Summers, from the Eastern Regional services who many of you know, was promoted into a regional position and with sadness yet excitement we wish her well. In her place will be Erin Hahs, who comes to us from the inpatient treatment world on the eastern side of the state. She brings a wealth of experience and expertise, espe-

cially in psychiatric rehabilitation skills and knowledge of Dialectical Behavior Therapy (DBT). She will join our team in providing ACT, ITCD and soon to be DBT fidelity reviewing. (More about that later) Also I want to take a moment to formally introduce an added member of our team, Heather Senevey. Heather comes to us also with great experience and expertise regarding developmental disabilities, psychiatric rehabilitation skills and is quickly taking on study of the specialty women and children and TAY team services. I consider us very lucky to have these 2 ladies and hope you will welcome them as they begin to be involved in your fidelity reviews, trainings and other supportive activities for your team.

One other change I would like to share is about the newsletters themselves. In the past, we have produced two separate news pieces. One for ACT and the other for ITCD. But similar to the network calls we chose to combine, there are so many things that both types of teams share that are the same. Therefore, starting in the fall, we will have one newsletter—the Evidence Based Services Newsletter. There, you will see ACT, ITCD and soon a section for DBT articles and information for your teams. I hope you will find it informative; maybe even fun or encouraging. And as before, we will continue to feature our client's art, poetry, and creative endeavors.

See you again in the fall!

NEW FACES IN ACT!



To find past issues of the ACT Newsletter, go to the DMH—ACT page at:

<https://dmh.mo.gov/mental-illness/provider/act>

Scroll down to “newsletters” and find your archived online copy!

NAMI Support Group listings can be found at:

<https://namimissouri.org/support-groups/>

To request training from our YouTube library,

[CLICK HERE](#)

BJC Behavioral Health TAY Team:

Teresa Davis—Therapist
Damaris Marti—Peer Specialist

Burrell IMPART Spfld:

Rochelle Hawkins—SEE Specialist

Burrell Columbia IMPART Team:

Katie Nieters—RN

Compass Health St. Charles TAY Team:

Morgaine Denison—Therapist

Compass Health Metro Team:

Noel Camp—Peer Specialist

Compass Clinton W&C Team:

Sarah Priesendorf - RN
Stevi Yates—PA

Compass Health Raymore TAY:

Danny Huffman COD Specialist

Hopewell TAY Team:

Taurra Stanton—Peer Specialist

Ozark Center ACT Team:

Linda Sullivan—RN

Places for People ACT 1:

Melissa Bufalo—RN
Willie Johnson—Peer Specialist

Places for People Home Team:

Brittany Wagner—SEE Specialist
Mortina Louis—CSS
Marquetta Hamell -COD Specialist

Places for People IMPACT:

Telisa Armour—Peer Specialist
Gabriela Court—CSS

St. Patrick Center ACT Team:

Nathan Buckner—SEE

ACT Tips & Tools of the Trade

Money is a major consideration in finding suitable housing for clients with severe and persistent mental illness. It can be very difficult for clients to afford decent housing because they usually have very limited incomes (e.g., SSI, SSDI, wages from part-time work). Also, many clients referred to ACT are homeless or in institutions because they do not have financial resources. Therefore, the ACT team works to obtain economic assistance as well as rent assistance (e.g., HUD Section 8, Shelter Plus Care) for clients. ACT client emergency services funds are also often used to pay for security deposits, the first month's rent, and initial furnishings

and household products.

Both adult and TAY ACT clients are in chronic need in some areas for affordable housing. Many individuals who are working are paying over 40% of their income for adequate housing. Teams must make supported housing a priority for individuals as part of their ability toward independence and becoming part of their community. Someone on the team should champion housing assistance according to the supported housing model.

(Partly adapted from “A Manual for ACT Start Up: Based on the PACT Model of Community Treatment for Persons with Severe and Persistent Mental Illness)



For resource information on Supported Employment and Education services for Transitional Age Youth, visit the DMH website:

<https://dmh.mo.gov/mental-illness/provider/act>

And click on ACT & Transition Aged Youth

Find out more about the TMACT here:
<http://www.institutebestpractices.org/tmact-fidelity/more-about-the-tmact/>
 At the *Institute for Best Practices*

TEAM MEMBER SPOTLIGHT

Name: Tamika Butler

Team/Location: BJC ACT-TAY, Pagedale location

Position/Role: Clinical Services Supervisor

Favorite thing about working on ACT team: I appreciate how this program is helping young adults understand mental illness does not define them nor have to control their lives. I love that this program is designed to teach clients how to be self-sufficient even in the face of having an SMI. In my short time here I've been able to witness a couple of clients really flourish after engaging in and being compliant with this program and this part makes my heart smile.

Favorite Food or activity: Food: pizza and fries (close 2nd- brunch foods). Activity: traveling (12+ countries so far)

TMACT Corner



Did you know?

Although there is a large amount of research showing that Assertive Community Treatment (ACT) can produce better individual outcomes and improved cost-savings, the effectiveness of ACT will depend on the quality of the particular program delivering this service – how faithfully best practice elements are implemented, known as “program fidelity.”

The Tool for Measurement of ACT (TMACT) originated from the Dartmouth Assertive Community Treatment Scale (DACTS), which was developed to measure the adequacy of ACT team implementation. Compared to the DACTS, the TMACT is more sensitive to change, as it is a more nuanced measure of ACT program fidelity setting a higher bar for ACT program performance. Recent research further suggests that higher fidelity scores on the TMACT were associated with reductions in state hospital and acute crisis unit stays, and improvements in retention of service recipients and competitive employment rates.

You can receive ACT specific technical assistance from DMH staff. They are happy to assist!

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RESOURCES



Center for Evidence-Based Practices at Case Western Reserve University

<http://www.centerforebp.case.edu/>

Individual Resiliency Training (IRT)

<http://navigateconsultants.org/manuals/>

Copeland Center for Wellness and Recovery

<http://copelandcenter.com/wellness-recovery-action-plan-wrap>

Division of Behavioral Health Employment Services

<https://dmh.mo.gov/mental-illness/employment-services>

IPS Employment Center

<https://ipsworks.org/>

Certified Peer Specialist

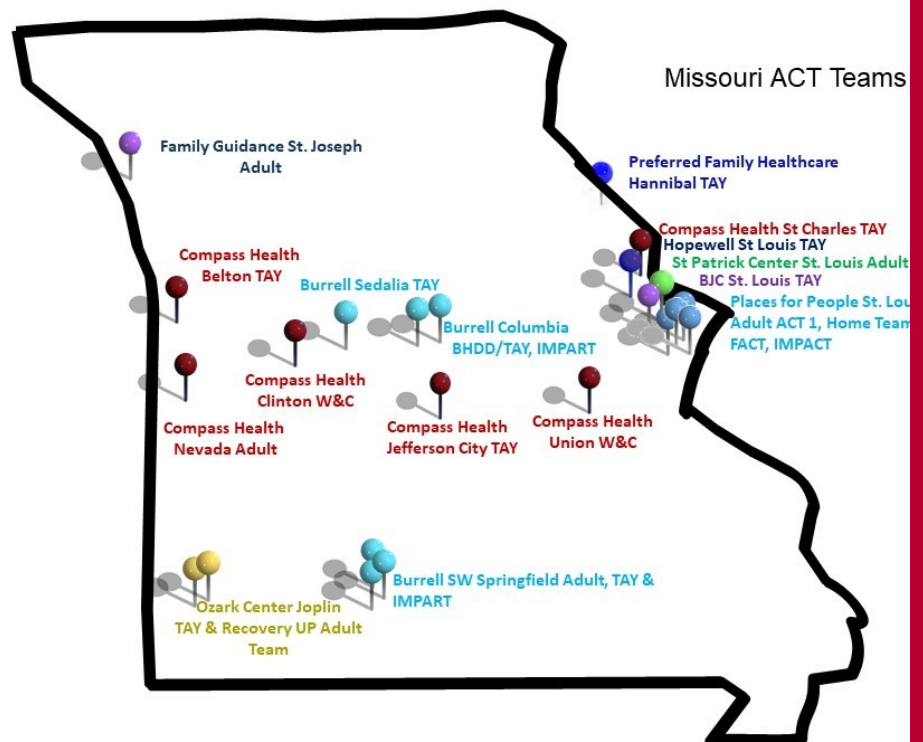
<https://dmh.mo.gov/mental-illness/peer-support-services>

SSI/SSDI Outreach, Access and Recovery (SOAR)

<http://soarworks.prainc.com/>

Institute for Best Practices (TMACT website)

<https://www.institutebestpractices.org/tmact-fidelity/more-about-the-tmact/>



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To access the free
and downloadable
Supported Housing Toolkit on the
Substance Abuse
and Mental Health
Services Admin-
istration
(SAMHSA) web-
site:

[CLICK HERE](#)

Take the free
SOAR
online
training
course by
visiting

<http://soarworks.prairec.org/course/ssissdi-outreach-access-and-recovery-soar-online-training>

Motivational Interviewing Training by David Lynde

2 two day sessions on August 10th and 11th; 24th and 25th

Limited seating open to ACT TAY and Specialty ACT Teams .

Vacant spots will be offered to ACT adult teams.

Recommended for ACT team leads, co-occurring specialists
or therapists

Contact Lori Norval for questions

Training Objectives:

- * Working understanding of the philosophy and values of Motivational Interviewing
- * Be able to identify the principles of Motivational Interviewing
- * Develop a working knowledge of Core Motivational Interviewing skills
- * Be able to identify strategies for integrating motivational interviewing into existing practices
- * Develop a working understanding of eliciting change talk

Real Voices Real Choices Virtual Conference 2021

Monday, August 30th and Tuesday, August 31st

Theme: Freedom through support, advocacy, empowerment, awareness, connection and recovery.

Topics this year include:

Finances, guardianship, resilience, family supports, promoting change, recovery, mentoring, self-advocacy, empowerment, Obsessive Compulsive Disorder, Autism and Schizophrenia

Keynote: Sue Badeau

Kickoff Entertainer: Comedian Paul May

Visit <https://dmh.mo.gov/opla/real-voices-real-choices-consumer-conference> for more info!

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**Online Manuals:**

<http://navigateconsultants.org/manuals/>



<https://www.nami.org/Home>



Supporting Excellence in Behavioral Health

60 YEARS

<http://www.nasmhpd.org/content/early-intervention-psycho-sis-eip>

Engagement

As an organization of individuals with mental health conditions and their families, NAMI knows that the U.S. system of mental health care is failing to engage people who seek help. The facts say it all: many people who seek mental health care drop out. 70% that drop out do so after their first or second visit. The first moments of interaction between a service provider and a person seeking care for a mental health condition can set the tone and course of treatment. This first interaction can start a journey to recovery and a satisfying life—or it can leave a person unsure or even hopeless about their future and unwilling to go back a second time. The same is true about interactions with others in the community; a person who has been told that people with mental illness are scary, weak or unable to care for themselves may not seek help or may avoid telling others the full extent of what they are experiencing.

“My son’s first break was when he was most open to the idea of engagement. He was scared and didn’t know what was going on. He voluntarily went to see a psychiatrist, but the manner in which he was treated really closed the door at that opportune moment. The psychiatrist was proud of being the kind of doctor who tells it like it is. He told my son, ‘you have a mental illness and are going to be on medications for the rest of your life. They’ll probably cause you to gain significant weight, and you probably won’t be able to work in a regular job. If you don’t take the medications, you are going to end up homeless, in jail or dead.’ My son’s reaction was to reject that and to close the door on treatment.” —Pete Earley

This story of lost opportunity for engagement is far from an isolated experience. NAMI hears such stories repeatedly—and they often end with tragic consequences. Such stories illustrate the need for a shift in the culture of our country’s mental health system. Recovery is possible and achieved by many, but for countless others, a mental health diagnosis leads to needless trauma, losses and shortened lives. When the door is shut on engagement, too many people leave school, lose jobs, get arrested, become homeless or attempt suicide.

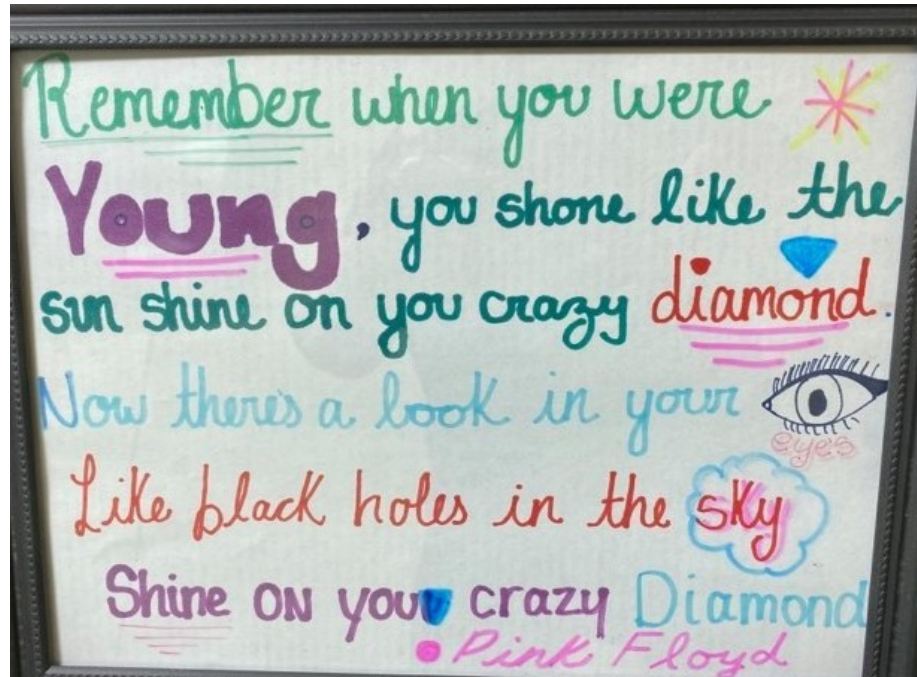
While there are many reasons people do not engage in mental health services and supports, including in some cases lack of insight, this report focuses on the foundation: the relationships between people with mental illness and service providers, families and the broader community. Trusting and respectful relationships are the basis for recovery.

Excerpt from the NAMI “A New Standard for Mental Health Care” Engagement newsletter.

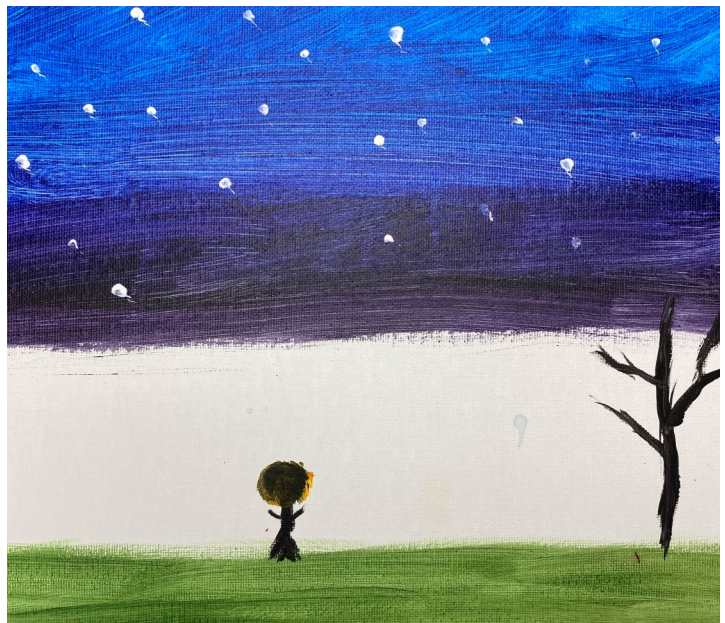


Arts & Literature

Expression



Submissions
by:
Hannibal ACT
ITCD-TAY
Team

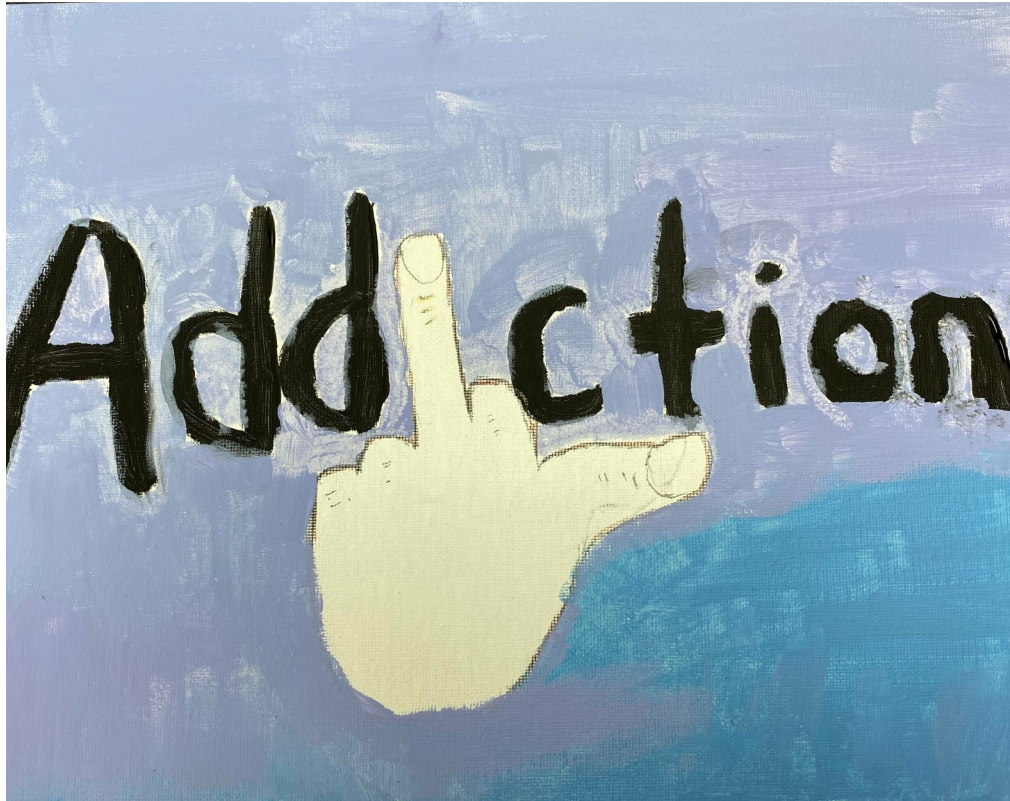


Creativity



Arts & Literature

Expression



Creativity

SUBMIT ART, POETRY, PHOTOS, TESTIMONIALS, SHORT STORIES, PHOTOS OF PAINTINGS, SCULPTURE, ETC. TO LORI.NORVAL@DMH.MO.GOV, WITH YOUR PERSONS SERVED PERMISSION AND WHETHER THEY WISH TO HAVE THEIR NAME AND LOCATION LISTED ALONG WITH THE ART.